State of Maryland
Behavioral Health Advisory Council
55 Wade Avenue – Catonsville, Maryland – 21228

Behavioral Health Advisory Council

Minutes

March 18, 2014

State Drug and Alcohol Abuse Council Attendees: Gray Barton, Michael Blueston, Lori Brewster, Rianna Brown, Kathleen O'Brien, Mary Pizzo, Jim Hedrick, R. Terence Farrell, George Lipman, Kathleen Rebbert-Franklin, Daryl Plevy for Brian Hepburn, John Winslow, Larry Simpson, Neil Woodson, Vernon Spriggs

Maryland Advisory Council Members: M. Sue Diehl, Vice Chair; Mike Finkle, Dennis McDowell, Charles Reifsnider

Maryland Advisory Council Members Absent: Gerald Beemer, Richard Blair, Sarah Burns, Chair; Jaimi L. Brown, Michele Forzley, Joshana Goga, Joanne Meekins, Edwin C. Oliver, Livia Pazourek, Robert M. Pender, John Scharf, Anita Solomon, Sherrie Wilcox, John Turner

Individuals highlighted as such are resigned members who have not yet been replaced.

PL 102-321 Council Members Present: Robert Anderson, T.E. Arthur, Coordinator; Michael Bluestone, Naomi Booker, Eugenia W. Conolly, Herb Cromwell, Jan Desper, R. Terence Farrell, Victor Henderson, Jessica Honke for Kate Farinholt, Sharon Lipford, George Lipman, Alexis Moss, Cynthia Petion, Jacqueline Powell, Sarah Rhine, Michelle Stewart, Kathleen Ward, Phoenix Woody

PL 102-321 Council Members Absent: Lynn Albizo, Chicquita Crawford, Nancy Feeley, Vira Froehlinger, Ann Geddes, A. Scott Gibson, Julie Jerscheid, Frank Kolb, Michael Lang, William Manahan, Dan Martin, Linda Raines, Sheryl Sparer, Jane Walker

MHA Staff Present: Robin Poponne, Iris Reeves, Greta Carter

Guests and Others: Erin McMullen, Maryland Department of Health and Mental Hygiene; Tim Santoni, University of Maryland-Systems Evaluation Center; Rachael Faulkner, Maryland Department of Health and Mental Hygiene; Karl Steinkraus, ValueOptions®Maryland;

INTRODUCTIONS/ADOPTION OF MINUTES:
The second combined meeting of the Maryland Advisory Council on Mental Hygiene/PL 102-321 Planning council (Joint Council) and the State Drug and Alcohol Abuse Council (SDAAC) was called to order by Joint Council Vice Chair, Sue Diehl. Attendees introduced themselves. Minutes from the February 10th Retreat were reviewed and approved by both councils with correction: Kathleen O'Brien, Ph.D. gave the opening remarks of the Retreat. Dr. O'Brien is the Executive Director, not Acting Director, of Walden Sierra.

ANNOUNCEMENTS:

- Cynthia Petion, MHA announced that the meeting for stakeholders to give input toward strategies for the development of the Annual State Mental Health Plan, will take place on April 25th. Individuals representing the interests of behavioral health (mental health and substance use) across the state are encouraged to participate. More information will be forthcoming shortly. Please see Attachment#1. For further information, please contact Greta Carter, MHA, at 410-402-8473.
- May 14th will be the date of the Annual MHA conference at Martins West. The theme is "Proactive Approaches to Care in Times of Change". Conference information is available on MHA's Web site, www.dhmh.maryland.gov/mha , through the Training Center link. You may also register at http://trainingcenter.umaryland.edu .
- Thanks to Dennis McDowell and Chiquita M.B. Crawford who testified before the House and Senate on behalf of the Joint Council in support of the Behavioral Health budget. Please see attachment #2.
- Alexis Moss, Medicaid, announced that Chuck Milligan is stepping down as Deputy Secretary of Healthcare Financing on April 18, 2014. He will be relocating to New Mexico. Chuck Lehman will be replacing Mr. Milligan on an interim basis.

THE DIRECTORS' REPORTS:

Kathleen Rebbert-Franklin, Acting Director of ADAA, delivered the following report:

Ms. Rebbert-Franklin provided a brief overview of the DHMH-ADAA funded Maryland Center of Excellence on Problem Gambling. This is a collaborative effort of the University of Maryland, School of Medicine, Department of Psychiatry and the Maryland Council on Problem Gambling. Gambling is among the less recognized addictive disorders. In an effort to promote public awareness about this issue, March has been designated as Problem Gambling Prevention month. In addition to educational campaigns, the Maryland Center of Excellence on Problem Gambling provides the following services:

- A 24/7 Helpline Services 1-800-522-4700
- Training for providers/therapists of behavioral health services to address problem gambling issues
- Evaluation and research
- Prevention and awareness education for the general public, medical professionals and schools

- One and one-half hour documentary, *Understanding Joy: The Devastation of a Gambling Addiction,* to be aired on Wednesday evening, March 19, 2014, on Public Broadcast Station (a blast email was sent on this event and posters distributed in public areas). This film will feature a panel of experts and a call-in telephone bank to respond to viewers' questions or requests for help.

Overdose Prevention:

- Regulations have been developed for overdose prevention medication (naloxone) allowing a third party to obtain and administer this medication to an individual experiencing an overdose situation. This is an important breakthrough and it is hoped this will save many lives. One goal of the ADAA was to see a 20% reduction in the number of deaths from overdosing in the state from last year. Unfortunately, that goal has not been achieved. However, the percentage has not increased.
- Data from the federal Office of the Chief Medical Examiner (OME) is submitted to Maryland monthly for three pilot jurisdictions (Baltimore City, Wicomico County, and Cecil County) to look at number of individuals who have overdosed and died. Use of local sources for data, that pertain to county units like emergency room department intake or discharge data, key interviews with local stakeholders, alcohol control board permits granted, sales tax revenues from alcohol and mixed drinks, etc. may provide useful perspectives in substance use issues. The OME data will be compared to the data that is submitted from these local jurisdictions to see if they are in alignment.
- Legislation has been introduced to amend child fatalities statute which currently offers legal protection to teens who assist in reporting on occurrences involving children. However, there is no legal protection for teens who assist in the reporting of circumstances of an overdose. This legislation would add that protection.
- The State Epidemiologic Outcomes Workgroup (SEOW) has several reports posted statewide and county-specific, on ADAA's Web site. Please visit http://adaa.dhmh.maryland.gov/SitePages/Home.aspx and click on the link on the lower right-hand side. These reports may be especially helpful to the local jurisdictions.

MHA's Deputy Director for Community Services and Managed Care, Daryl Plevy, provided the following Report:

Budget/2014 Legislative Session:

Ms. Plevy informed the group that the day before, March 17th, was crossover day for legislation that was passed in one section (house or senate) to be considered in the other section. Now we will begin to see which legislation will be passed by both the house and senate and will become actual law. Ms. Plevy stated that this has been a busy session that has not only included the behavior health integration legislation but has also shown an increase in reactive legislation with elements resembling "Not in My Back Yard"

(NIMBY ism). Also, there may be additional workgroups mandated on legislation such as outpatient commitment. Ms Plevy also noted the following legislation as being important to follow:

- The Long-term Care Ombudsman Bill - would establish an advisory committee to help frame the next steps in this area. It was withdrawn but there is still hope it can be included in the Governor's supplemental budget.
- The Mental Health and Substance Use Disorders Safety Net Act of 2014 - This was withdrawn in the House and is being reviewed by the Senate. This would expand crisis services and other essential community supports and services historically underfunded. Currently, the Core Service Agencies are in the process of spending funds to enhance or start-up CIT and crisis services based on last year's mandated funding. The goal is to increase funding to develop a full statewide network.
- Legislation that would allow courts to order involuntary outpatient treatment for individuals with mental illness has been withdrawn in the House and will go before a Senate hearing. Legislation may require a Workgroup on Outpatient Commitment and will continue to be monitored.

Behavioral Health Integration Program in Primary Care **(**B-HIPP) - a program aiming to support the efforts of pediatric primary care providers to assess and manage mental health concerns in their patients. B-HIPP is supported by grant funding which is scheduled to end in September. There is hope it can be extended. This program is especially beneficial in the rural areas of the state. Federal funds that sustain the B-HIPP program will expire in September, and no ongoing funding for the program has been identified.

The controversial Standards for Emergency Evaluation and Involuntary Admission Modification Bill was withdrawn in both houses. This bill attempted to broadly redefine "dangerousness" and used stigmatic language such as "gravely disabled".

Behavioral Health Integration (BHI):

- House Bill (HB) 1510 which merges MHA and ADAA was submitted to the Legislature in 2014. The bill is a first step that covers mostly operational and accreditation issues.
- The establishment of an administrative services organization (ASO) to manage Medicaid-funded services was included as an article of this bill. However, the timeline for the submittal of RFPs from organizations that wish to obtain the position of ASO for the integrated system has been extended to April 1, 2014 in order to answer questions and concerns of bidders. When this phase is completed, a small committee will review the applications and make recommendations toward the selection of an ASO. The results may take 1-2 months.
- It is expected that the selected ASO will collect and analyze data. The fee-for-service system will continue while Medicaid will have oversight to the financing of the majority of services for those who are Medicaid-eligible. Funding for

Medicaid substance use services will move out of the MCOs into the ASO. Some grant funding for services such as outpatient clinics will move under the purview of the ASO and away from the local jurisdiction. These services will no longer be contract-funded but become fee-for service. This will allow data for these services to be collected directly and more accurately. State funds pay for and will continue to fund additional support and recovery services that are not covered under Medicaid. Some deep end substance use services, currently under the local health departments, will eventually become the responsibility of the ASO. As more substance use services become fee-for-service and grant funding decreases, efforts to minimize disruption of services during this period of migration will be vital. Also, in the future, Medicaid may cover selected consumer-run services or services delivered by a consumer, to become Medicaid reimbursable but not at this time.

Rianna Brown, DHMH Office of the Deputy Secretary of Behavioral Health and Disabilities, added that once the legislation passes, a committee will be convened to determine the details of the next step. She also said that while the legislation mentioned an additional representative be added to SDAAC, the legislation did not officially address the pending integration of the Joint Council and SDAAC. Legislation regarding the combining of the two councils will be developed and submitted as part of the next steps.

Some members were concerned that there was not yet posted a clear definition of "behavioral health". The current definition endorsed by SAMHSA has many good points regarding programmatic elements. However, a more comprehensive definition is needed and will be an amendment to currently submitted legislation.

SDAAC COMMITTEE REPORTS:

Prevention Committee Report:
Lori Brewster, Chair, gave the following report.

- 19 of the 24 jurisdictions in Maryland are in compliance in completing local strategic plans for local Maryland Strategic Prevention Framework (MSPF) assessments and activities.
- ADAA has requested for a no cost extension to SAMHSA to continue the MSPF into June 2015.
- The State Epidemiologic Outcomes Workgroup (SEOW) has completed and disseminated two data formats. One is a chart book that includes data on alcohol, tobacco, and other drug (ATOD) use in Maryland and a series of two-page data summaries highlighting key use and consequence trends in each Maryland jurisdiction.

- Larry Dawson (Co-chair) has been appointed as the new Prevention Program Manager for ADAA and will also be staffing the Prevention Committee.

Please see Attachment # 2

Workforce Committee Report
John Winslow, MADC reported:

- MADC has been working through this committee on interfacing with Higher Education and Treatment providers. There will be a meeting on Friday March 21, 2014 to focus on the experience of the practicum that higher education has with treatment providers.
- Goals as outlined in the SDAAC State Plan are continuing to be implemented.

THE 2014 LEGISLATIVE SESSION - LEGISLATIVE UPDATES:

The Legislative Session - CBH and MHAMD provided lists of updated actions on proposed legislation for the 2014 session related to behavioral health. (See Attachments #4 and 5.) The Combined Council discussed the fact that although no funding was cut this year from the mental health budget, there were substantial cuts from substance use of $2.8 million from the grants budget and approximately $14.9 million cut through shifts in the Medicaid budget. The importance of advocacy to avoid or reduce the impact of large cuts was discussed as well as the possibilities for a united front of mental health and substance use as the councils combine to resist or avoid future funding losses. Herb Cromwell led discussions focused on behavioral health bills among which were the following:

- Maryland Medical Assistance Program – Requires full coverage by Medicaid of telemedicine services; as of now DHMH allows it only for limited purposes. Passed the Senate and the House with amendments
- DDA - Deputy Secretary - Gives DDA its own Deputy Secretary who would also act as DDA's administrator. Behavioral health would still have a Deputy Secretary for Behavioral Health. Passed Senate. Hearings being held in the House
- Assertive Community Treatment (Continuity of Care Advisory Panel) - Proposed as an alternative to outpatient commitment, establishes a program within DHMH to ensure specialized intensive services for individuals otherwise subject to court-ordered treatment. Passed the Senate and House with amendments
- Special Education - Individualized Education Program Parental Notice Required - Requires that parents receive certain oral and written information about rights and responsibilities in context of initial IEP evaluations. Passed House with amendment. Hearings in the Senate.
- Education – Loan Assistance – Professional Counselors and Alcohol and Drug Counselors Includes counselors in the state Janet L. Hoffman Loan Assistance Repayment Program. Passed the Senate with amendment.

There will also be monitoring for a "good Samaritan" law that establishes immunity for people who help a victim of overdose.

For further details, please visit CBH's Web site, www.mdcbh.org . Additional listings and information are available through the Mental Health Association of Maryland's Web site, http://www.mhamd.com and through NAMI's Web site, www.NAMI.org (click on advocacy and bills).

COUNCIL BUSINESS: SUMMARY OF THE RETREAT: NEXT STEPS – Kathleen O'Brien and T.E. Arthur, Behavioral Health Advisory Council Workgroup

Summary of the retreat and update on the Behavioral Health Council Process:

Kathleen O'Brien stated that the Retreat was a good first step in involving the Council's members in the process. The minutes outlined key points for the work to be done. Now the process of combining two councils into one is entering the bricks and mortar stage and it is important to continue the honest conversations and to voice concerns, if any, as the Workgroup moves forward and begins to bring recommendations back to the combined council.

T.E. Arthur emphasized the emerging themes of client-centered and anti-stigma. The break-out groups generated good discussion which will continue to be a part of the dialog as the Work group meets to complete the process of recommending a model of the establishment of a behavioral health advisory council.

Council members brought up the need to learn each other's system. Terms like recovery, residential treatment, and community treatment exist in both the mental health and the substance use communities but may have different meanings and outcomes in each.

The Workgroup will meet after the Combined Council meeting and begin the process of developing a mission statement, specifying membership parameters, and identifying solutions to barriers.

Suggestions, questions, or concerns can be addressed to:
Robin.Poponne@maryland.gov , Greta.Carter@maryland.gov , or
Eugenia.Conolly@maryland.gov .

Future combined meeting will be held on June 17, 2014.
Joint Council will meet in April and May as usual.

The meeting was adjourned.

The Executive Committee of the Maryland Advisory Council on Mental Hygiene/Planning Council will not meet today.